

# First Steps Change of Information and Inactivation Form



Completed By: \_\_\_\_\_

Effective Date:     /     /    

## Current Enrollment Information:

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First MI

### ☐ ADD   ☐ CHANGE

(Software Intake tab, p.1)

☐ Child's Name: \_\_\_\_\_  
Last First MI

☐ Address: \_\_\_\_\_  
Street City State Zip Code

☐ Address: \_\_\_\_\_  
County School District

☐ Phone Number: \_\_\_\_\_  
Person/Location (Area Code) Phone Number

(Software Intake tab, p.3)

☐ Ongoing Service Coordinator: \_\_\_\_\_

(Software Family tab)

☐ Household Member/Information: \_\_\_\_\_  
Person (Describe Change)

(Software Diagnosis tab)

☐ Diagnosis: \_\_\_\_\_

☐ Other: \_\_\_\_\_

## Status Change:

(Software Intake tab, p.1)

☐ Child has been found eligible for ECSE services and will receive First Steps services through the summer until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (date school begins)

(Software Intake tab, p.3)

Inactivation Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Inactivation Reason:

- ☐ Completion of IFSP Prior to Reaching Maximum Age for Part C
- ☐ Moved Out of State
- ☐ Moved to Another SPOE (Please list) \_\_\_\_\_
- ☐ Withdrawal by Parent/Guardian
- ☐ Child Deceased
- ☐ Unable to Contact/Locate by Service Coordinator
- ☐ Transition to Part B (Transition to Early Childhood Special Education)
- ☐ Eligible for Part B (Part B Eligibility Determination in Process)
- ☐ Refused (Part B Eligibility Determination Process Refused by Parent/Guardian)
- ☐ Part B Ineligible, Exit to Other Programs
- ☐ Part B Ineligible, Exit with no Referral